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SERIAL NUMBER 10/059,929	FILING OR 371(c) DATE 01/29/2002 RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. EIP-5807 (1417G P 678)
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APPLICANTS

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** CONTINUING DATA ***** *Note*** FOREIGN APPLICATIONS ***** *Note*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/09/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	IL	12	191	20
Verified and Acknowledged	<i>Dale B. Cobanay Jr DEC</i> Allowance Examiner's Signature Initials				

ADDRESS

29200

TITLE

System and method for operating medical devices

FILING FEE RECEIVED 5376	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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